

<i>SERFF Tracking Number:</i>	<i>NELI-126283348</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Philadelphia American Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>43544</i>
<i>Company Tracking Number:</i>	<i>C</i>		
<i>TOI:</i>	<i>H07I Individual Health - Specified Disease - Limited Benefit</i>	<i>Sub-TOI:</i>	<i>H07I.002A Dread Disease - Cancer Only</i>
<i>Product Name:</i>	<i>Individual Cancer Expense</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Filing at a Glance

Company: Philadelphia American Life Insurance Company			
Product Name: Individual Cancer Expense	SERFF Tr Num: NELI-126283348	State: Arkansas	
TOI: H07I Individual Health - Specified Disease - Limited Benefit	SERFF Status: Closed-Approved-Closed	State Tr Num: 43544	
Sub-TOI: H07I.002A Dread Disease - Cancer Only	Co Tr Num: C	State Status: Approved-Closed	
Filing Type: Rate		Reviewer(s): Rosalind Minor	
	Author: Jackie Vo	Disposition Date: 09/25/2009	
	Date Submitted: 09/21/2009	Disposition Status: Approved-Closed	
Implementation Date Requested: 02/01/2010		Implementation Date:	
State Filing Description:			

General Information

Project Name:	Status of Filing in Domicile: Pending
Project Number:	Date Approved in Domicile:
Requested Filing Mode:	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Group Market Size:
Overall Rate Impact: 10%	Group Market Type:
Filing Status Changed: 09/25/2009	Explanation for Other Group Market Type:
	State Status Changed: 09/25/2009
Deemer Date:	Created By: Jackie Vo
Submitted By: Jackie Vo	Corresponding Filing Tracking Number:
Filing Description:	
An inflationary increase of 10% will be applied to Form Numbers HC11-1 Ed. 3-88, HC10-1 Ed. 3-88 and all related riders on the next premium due date on or after 2/1/10.	

Company and Contact

Filing Contact Information

Jacky Vo, Actuarial Assistant jvo@neweralife.com

SERFF Tracking Number: NELI-126283348 State: Arkansas
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Company Tracking Number: C
TOI: H07I Individual Health - Specified Disease - Sub-TOI: H07I.002A Dread Disease - Cancer Only
Limited Benefit
Product Name: Individual Cancer Expense
Project Name/Number: /

200 Westlake Park Blvd Suite 1200 281-368-7200 [Phone] 1271 [Ext]
Houston, TX 77079 281-368-7268 [FAX]

Filing Company Information

Philadelphia American Life Insurance Company CoCode: 67784 State of Domicile: Texas
200 Westlake Park #1200 Group Code: 520 Company Type:
Houston, TX 77079 Group Name: State ID Number:
(281) 368-7200 ext. [Phone] FEIN Number: 74-1952955

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? Yes
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Philadelphia American Life Insurance Company	\$50.00	09/21/2009	30692849

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	09/25/2009	09/25/2009

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Disposition

Disposition Date: 09/25/2009

Implementation Date:

Status: Approved-Closed

Comment:

We have approved your request of a 10% level rate increase on this submission. The approval is subject to the following conditions:

1. Rate increases will not be given prior to the first annual anniversary date of any policy.
2. After the first annual anniversary date of any policy, increases will not be given more frequently than once in a twelve (12) month period.
3. All increases in rates, other than a change in age or an individual moving to another geographical area, must be submitted to our Department for approval

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Philadelphia American Life Insurance Company	10.000%	10.000%	\$	8	\$	%	%

SERFF Tracking Number: NELI-126283348 State: Arkansas

Filing Company: Philadelphia American Life Insurance Company State Tracking Number: 43544

Company Tracking Number: C

TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.002A Dread Disease - Cancer Only
Limited Benefit

Product Name: Individual Cancer Expense

Project Name/Number: /

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Health - Actuarial Justification	Approved-Closed	No
Supporting Document	Filing Letter	Approved-Closed	Yes
Rate	HC10 Rates	Approved-Closed	Yes
Rate	HC11 Rates	Approved-Closed	Yes

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Product Name:	Individual Cancer Expense		
Project Name/Number:	/		

Rate Information

Rate data applies to filing.

Filing Method:

Rate Change Type:

Increase

Overall Percentage of Last Rate Revision:

10.000%

Effective Date of Last Rate Revision:

02/01/2008

Filing Method of Last Filing:

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Philadelphia American Life Insurance Company	10.000%	10.000%		8		%	%

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Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
Approved-Closed 09/25/2009	HC10 Rates	HC10-1 Ed. 3-88	Revised	Previous State Filing Number: Percent Rate Change Request: 10.000	HC-10 Rates.pdf
Approved-Closed 09/25/2009	HC11 Rates	HC11-1 Ed. 3-88	Revised	Previous State Filing Number: Percent Rate Change Request: 10.000	HC-11 Rates.pdf

Annual Premium Rates

Policy Form HC10

States: AR

	Current		Proposed (Effective 2/1/10)	
Issue Ages	Individual	Family	Individual	Family
18 - 44	\$252.30	\$318.78	\$277.53	\$350.66
45 - 54	\$481.27	\$626.45	\$529.40	\$689.10
55 - 60	\$677.09	\$880.20	\$744.80	\$968.22

Annual Premium Rates

Policy Form HC11

States: AR

Individual Rates

Issue Ages	Current		Proposed (Effective 2/1/10)	
	Individual	Family	Individual	One Parent Family
18 - 44	\$906.52	\$1,359.20	\$997.17	\$1,495.12
45 - 54	\$1,617.46	\$2,422.90	\$1,779.21	\$2,665.19
55 - 60	\$2,283.48	\$3,437.60	\$2,511.83	\$3,781.36

Payroll Deduction Rates

Issue Ages	Current		Proposed (Effective 2/1/10)	
	Individual	Family	Individual	One Parent Family
18 - 44	\$793.07	\$1,179.55	\$872.38	\$1,297.51

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Supporting Document Schedules

		Item Status:	Status
Satisfied - Item:	Filing Letter	Approved-Closed	Date: 09/25/2009
Comments:			
Attachment:			
Filing Letter.pdf			



P.O. Box 4884, HOUSTON, TX 77210-4884

8/21/09

Accident & Health Division
Rate Filing Intake
AR Department of Insurance
1200 West Third Street
Little Rock, AR 72201-1904

Premium Rate Increase Filing

Re: Premium Rate Increase for
Individual Cancer Expense Policy Form
Form Number.....HC11-1 Ed. 3-88, HC10-1 Ed. 3-88

Originally Underwritten By:
Occidental Life Insurance Company of North Carolina

Acquired On 1/1/04 By :
Philadelphia American Life Insurance Company
(FEIN 74-1952955, NAIC 67784)

Dear Sir or Madam :

Pursuant to applicable state insurance regulations and statutes, we hereby ask for your consideration and approval of:

An inflationary increase of 10%; effective on the next premium due date on or after 2/1/10 for the captioned forms and all related riders.

These policies were assumed by Philadelphia American Life Insurance Company from Occidental Life Insurance Company of North Carolina on 1/1/04. The actual assumption date may have been later than 1/1/04 if the assumption was approved by the state's insurance regulatory authority on a later date.

The affected policyholder will receive a premium rate increase notice the minimum required days before the rate increase effective date.

Enclosed are the required transmittal covers, actuarial memorandum, and rate sheets for your review.

Thank you for your consideration of the above and we look forward to your response. Please let us know if you have any questions or need additional information.

Sincerely,

Jackie Vo
Actuarial Analyst
Compliance & Product Development
Philadelphia American Life Insurance Company

Phone: 800-713-4680, X1271
Fax: 281-368-7268
Email: jvo@neweralife.com